

**Form 700**State Form # 50215 (6-01)  
Rev. 03/01Indiana ID/USDOT Number \_\_\_\_\_  
(To be completed by dept.)**Application for Permanent Authority**Before the Indiana Department of Revenue, application for \_\_\_\_\_ authority  
(Common or Contract)1. Applicant Carrier's Name (include DBA, if appropriate) \_\_\_\_\_  
\_\_\_\_\_

2. Street Address \_\_\_\_\_

3. City, State, Zip \_\_\_\_\_

4. Telephone \_\_\_\_\_ County \_\_\_\_\_

5. Principal Place of Business in Indiana (if other than above):

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)  
\_\_\_\_\_  
(County)

6. Check One: Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Individual \_\_\_\_\_

7. If Applicant is a partnership, give the name and address of each member thereof; if Applicant is a corporation, give the name, title, and address of each principal officer:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

8. If Applicant is a corporation, provide the State and the date of incorporation:

\_\_\_\_\_  
(State) (Date of Incorporation) (Total Number of Shares Outstanding)

Last year annual report was filed with Indiana Secretary of State \_\_\_\_\_

9. List the name of each shareholder and the number of shares held by each shareholder:

Name	Number of Shares

10. List all other Motor Carrier Companies which hold Indiana Intrastate Authority in which each shareholder has an interest; indicate the number of shares held by that shareholder:

Motor Carrier Company	Certificate or Permit No.	Shareholder	Number of Shares

11. Is Applicant currently in Bankruptcy? ☐ Yes ☐ No

Has Applicant ever filed for Bankruptcy? ☐ Yes ☐ No

If yes, indicate cause number, date of filing and in what court filed: \_\_\_\_\_

12. Has any shareholder, partner or owner of Applicant ever been a shareholder, partner or owner of a Motor Carrier which has filed bankruptcy?

☐ Yes ☐ No If Yes, complete the following:

Name of Shareholder, Partner, or Owner	Motor Carrier	Date of Bankruptcy Petition	Cause No. of Bankruptcy Petition	Court filed in

Did any Motor Carrier listed above hold Indiana Intrastate Authority? ☐ Yes ☐ No

If Yes, indicate Certificate or Permit Number: \_\_\_\_\_

What was the disposition of the Certificate or Permit as a result of the Bankruptcy? \_\_\_\_\_

Did that Motor Carrier list the State of Indiana as a creditor? ☐ Yes ☐ No

If Yes, state what debt was owed and whether the debt was discharged or paid pursuant to a reorganization? \_\_\_\_\_

13. I hereby apply for a \_\_\_\_\_ to operate motor vehicles as a \_\_\_\_\_  
(Certificate or Permit) (Common or Contract)  
carrier of \_\_\_\_\_ in intrastate commerce.  
(Passenger or Property)

\_\_\_\_\_  
(Type(s) of commodities or passengers to be transported)

\_\_\_\_\_

\_\_\_\_\_  
(Territorial Scope in which commodities will be transported)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. If this application is for a permit, complete the following regarding contracting shipper:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Type(s) of Property or Passengers to be Transported: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Type(s) of Property or Passengers to be Transported: \_\_\_\_\_

15. Is Applicant now operating under an Indiana Intrastate Certificate(s) and/or Permit? ☐ Yes ☐ No

If Yes, give number(s): \_\_\_\_\_

\_\_\_\_\_

16. In support of this application, Applicant submits the following exhibits, attached hereto and made part hereof.

Exhibit A - A statement describing Applicant's financial status, including a brief statement of assets and liabilities as of the date of application, and a copy of Applicant's most recent balance sheet and income statement.

Exhibit B - A certificate from the Secretary of State of Indiana showing Applicant is registered to do business in Indiana (if the applicant is a non-resident corporation);

or

A certificate of existence from the Secretary of State of Indiana (if the Applicant is an Indiana corporation).

Exhibit C - If Applicant is currently in Bankruptcy, a copy of the Bankruptcy Petition.

Exhibit D - Copies of all Indiana Intrastate Certificates or Permits reflecting authority granted there in.

WHEREFORE, Applicant asks the Indiana Department of Revenue to authorize Applicant to operate motor vehicles over the public highways of the state as set forth herein.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Print Applicant's Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature of Attorney or Representative of Applicant)

\_\_\_\_\_  
(Print Name of Attorney or Representative)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State of \_\_\_\_\_, personally appeared \_\_\_\_\_, and he being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Signature) Notary Public

\_\_\_\_\_  
(Printed Name)

County of Residence: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

## Instructions for Application for Certificate or Permit

Please read these instructions carefully before completing the application.

### Definitions:

- Common Carrier - A person holding itself out to the general public to provide motor vehicle transportation for compensation.
- Contract Carrier - A person, providing motor vehicle transportation for compensation under continuing contract(s) for named shipper(s).
- Certificate - The document issued by the Department to a Common Carrier.
- Permit - The document issued by the Department to a Contract Carrier.

The application for permanent operation authority must be typewritten. The original and one (1) copy of the application must be filed.

Each line of the application must be completed. If a line is not applicable to you or your operation, you should type "N/A" in the space provided for the answer.

A corporation must be represented by an attorney under the requirements of I.C. 34-9-1-1.

In order for the application to be processed by the Department, you must include the following with your application:

1. A filing fee of fifty dollars (\$50.00); make checks payable to the Indiana Department of Revenue;
2. A publication fee of twenty dollars (\$20.00).

Before a certificate or permit will be issued by the Department, I.C. 8-2.1-22-13 requires that a public hearing be held at which the Department will consider, among other things, the following:

1. The financial ability to furnish adequate service;
2. Whether existing transportation service is adequate;
3. The effect upon existing transportation, and particularly, whether the granting of such application will or may seriously impair such existing service;
4. The volume of existing traffic over the route proposed;
5. The effect and burden upon the highways and the bridges thereon, and the use thereof by the public; and;
6. Whether the operations will threaten the safety of the public or be detrimental to the public welfare.

If no protests are filed to your application, the hearing will be summary in nature as provided in 45 IAC 16-1.5-12(c).

If you have any questions regarding this application, please contact the Department at:

Indiana Department of Revenue  
Motor Carrier Services  
Insurance and Safety Unit  
5252 Decatur Blvd., Ste. R  
Indianapolis, Indiana 46241  
or call (317) 615-7290